

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: September 15, 2003
File No. 1503.68346



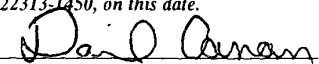
Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Ayukawa et al.

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

For: DRESSMAKING KIT SHOP AND
MAIL-ORDER SYSTEM

9-15-03
Date


Express Mail Label No.: EV032734921US

Enclosed are:

- (X) 15 pages of specification, including 9 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 4 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to SATO SAMPLING ROOM CO., LTD. and Assignment Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- () Information Disclosure Statement, Form PTO-1449 and cited references.
- () Claim for Priority and Priority Document.


Fee Calculation For Claims As Filed

- | | | | | | | |
|--------------------------------------|----------|---|----|---|------------------|----------------------------|
| a) Basic Fee | | | | | | \$ 750.00 |
| b) Independent Claims | <u>3</u> | - | 3 | = | <u>0</u> | x \$ 84.00 = \$ <u> </u> |
| c) Total Claims | <u>9</u> | - | 20 | = | <u>0</u> | x \$ 18.00 = \$ <u> </u> |
| d) Fee for Multiple Dependent Claims | | | | | | \$ 280.00 = \$ <u> </u> |
| | | | | | Total Filing Fee | \$ <u>750.00</u> |
- () Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$
- (X) A check in the amount of \$ 750.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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